Report of Unsafe/Unhealthful Working Condition

OPNAVINST 5100.23F Chapter 10

Owners: Safety & Departments

Customers – all employees

Click anywhere to continue!

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Report of Unsafe/Unhealthful Working Condition

OPNAVINST 5100.23F Chapter 10

Owners: Safety & Departments

Customers – all employees

EMPLOYEE:
Sees or hears of an unsafe/unhealthy condition

EMPLOYEE:
Reports condition to supervisor

Imminent Danger? (see note below)

NO

YES

NOTE: Imminent danger is defined as immediately dangerous to life and health.

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DEPARTMENT:

Contact host safety office for immediate action to correct hazard. Report to be filed after condition is corrected or when hazard has been reduced to a lower risk assessment!

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Report of Unsafe/Unhealthful Working Condition

OPNAVINST 5100.23F Chapter 10

Owners: Safety & Departments

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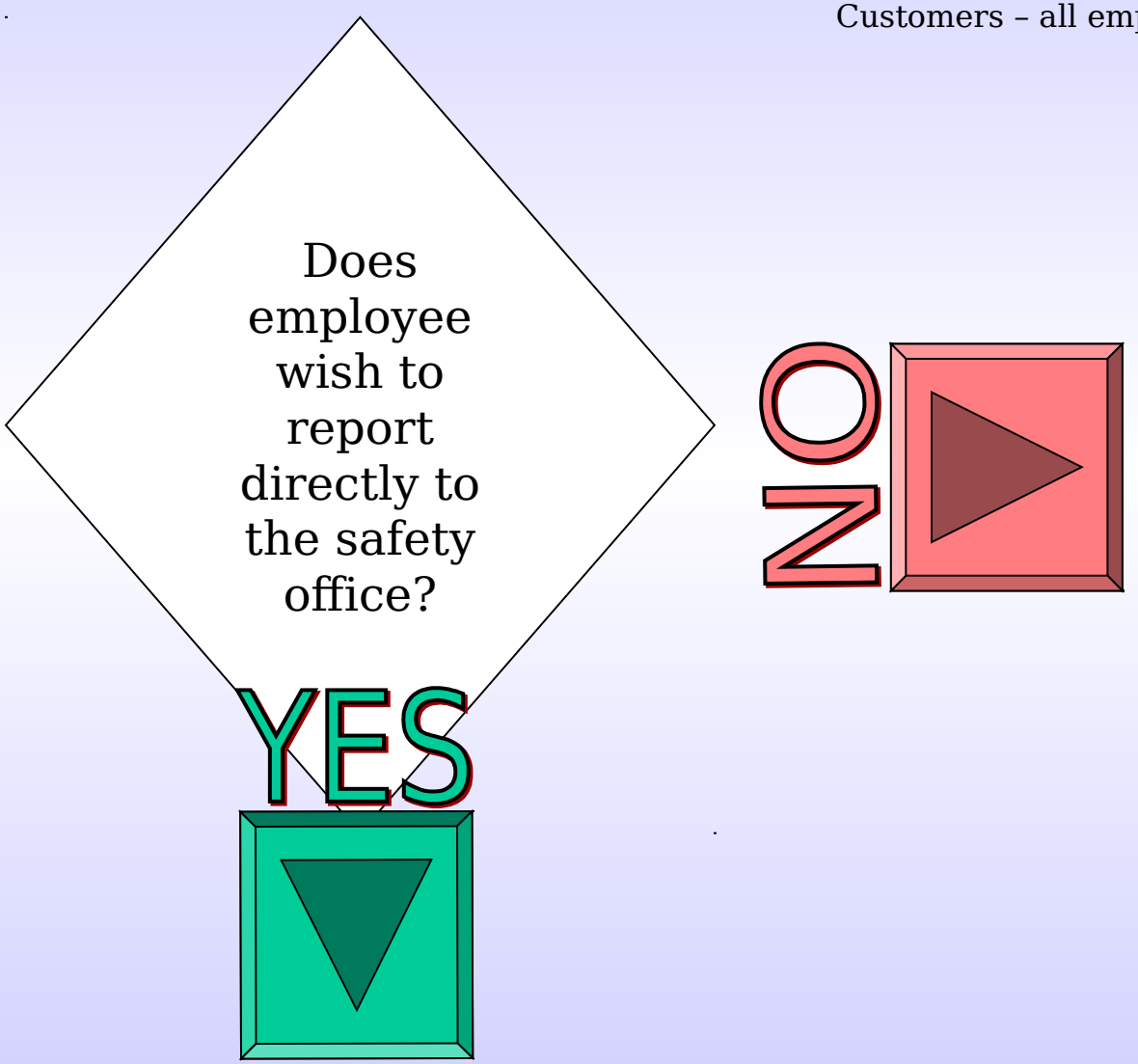

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OPNAVINST 5100.23F Chapter 10

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EMPLOYEE:
Complete NAVOSH Form 5100/11 and forward to the host safety office.

SAFETY OFFICE:
Contact originator to acknowledge receipt of the 5100/11.

Employee wants to remain anonymous?

NO

YES

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OPNAVINST 5100.23F Chapter 10

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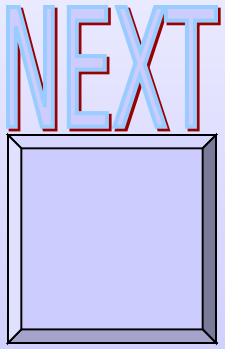
SAFETY OFFICE:
Do NOT reveal identify of employee!



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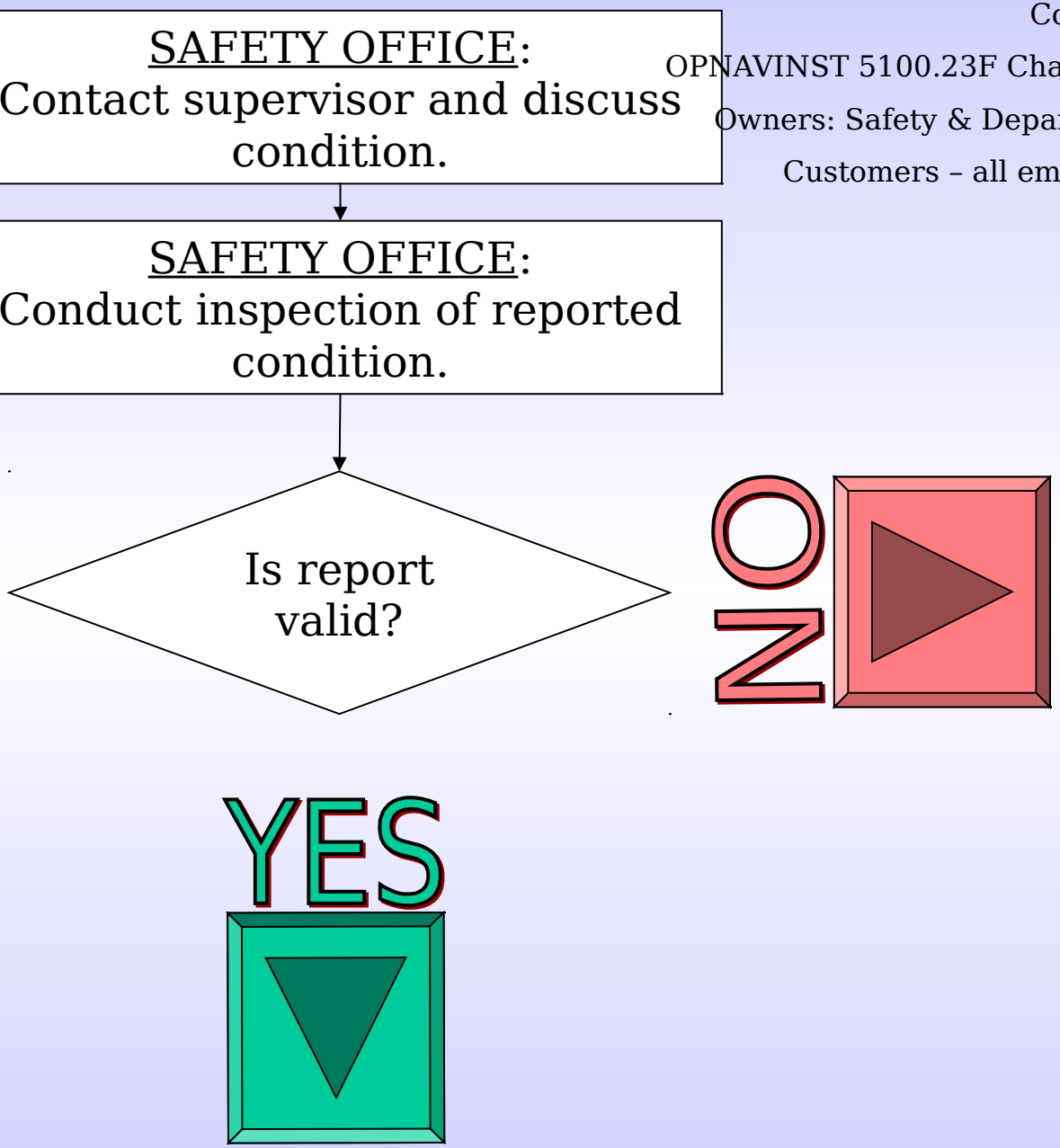

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Is this hazard rated as a Risk Assessment Code of 1, 2 or 3?

NO

YES

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SAFETY OFFICE:

Issue OPNAV Form 5100/12 (NAVOSH Deficiency Notice) & track as part of the Deficiency Abatement Program (DAP)

See FLOW CHART #2

END

NEXT

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SAFETY OFFICE:
Process as a RAC 4 or 5 deficiency.

See FLOW CHART #2

END

NEXT

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SAFETY OFFICE:
Discuss with employee and supervisor.
(Discuss ONLY with employee if anonymity is to be protected!)

END

NEXT

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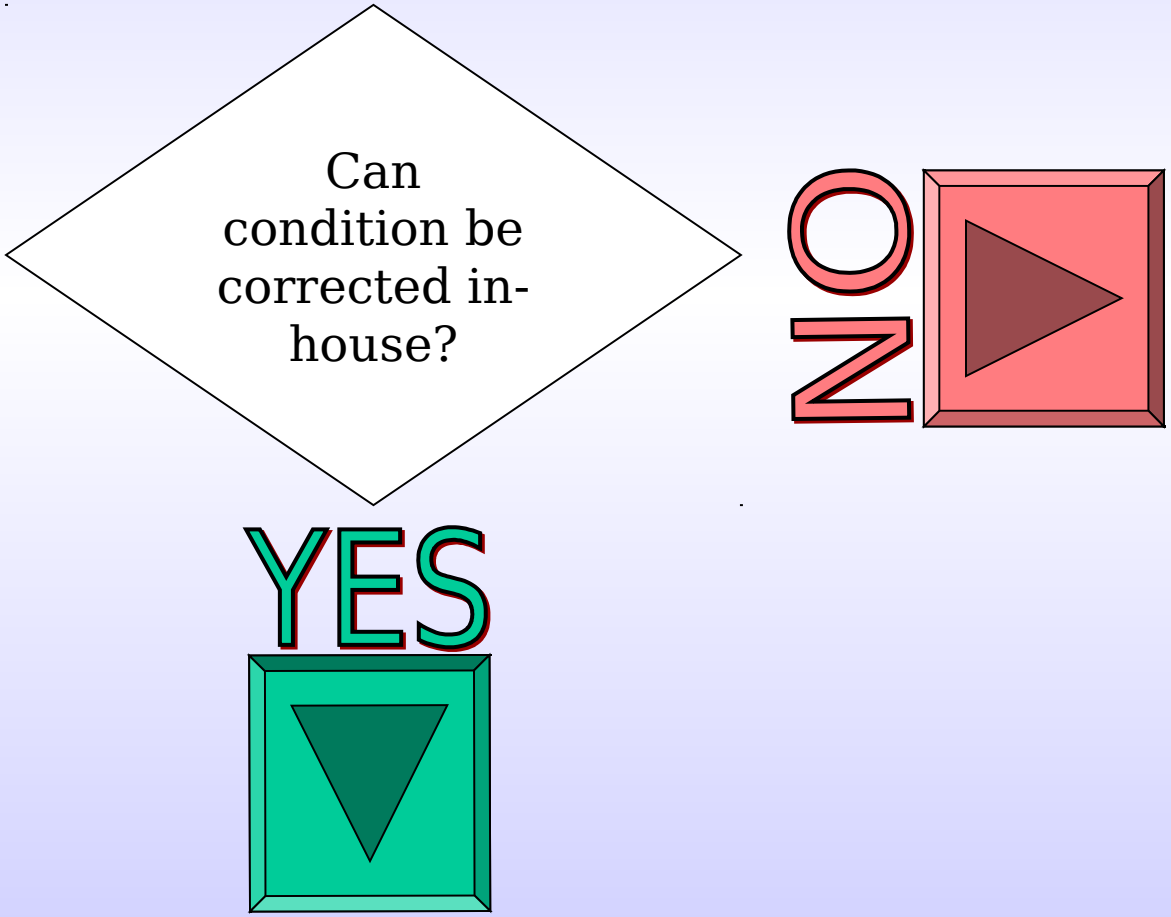

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DEPARTMENT:
Correct Condition.

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DEPARTMENT:
Submit work request through supply.

NEXT

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DEPARTMENT:
Report to host safety office for documentation purposes

END

NEXT

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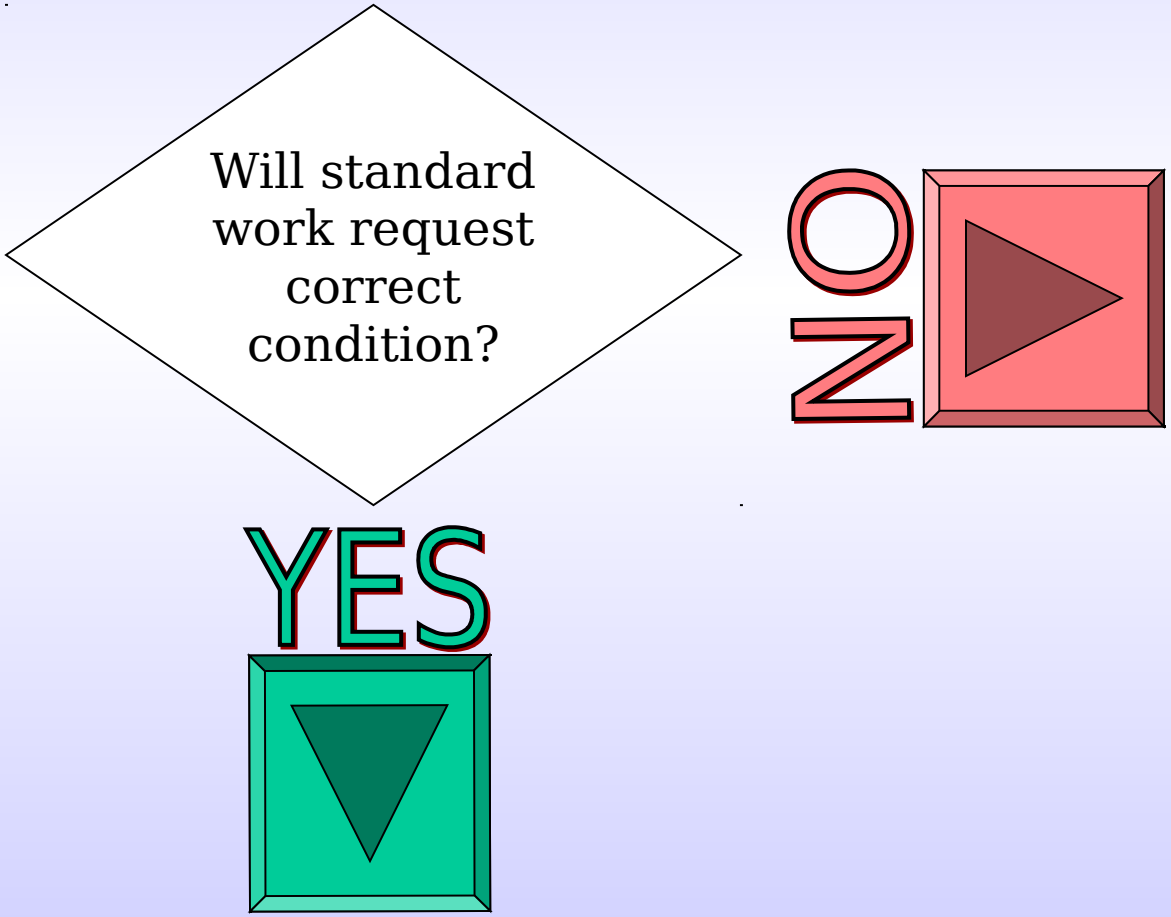

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For questions concerning this flow chart – please contact

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Thank You For Being A Part of YOUR Command's Safety Program!